

MDR Tracking Number: M5-05-1176-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. The requestor withdrew the medical necessity issues via fax on 1-10-05. This dispute was received on 12-16-04.

I. DISPUTE

Whether there should be reimbursement for CPT codes 97124, 98943, 99070 (biofreeze), 99213-25, 98940, 97139-EU, and 99070 (consumable TENS supply) billed for dates of service 1-5-04 and 3-12-04.

II. RATIONALE

Review of the requestors' position statement dated 12-13-04 states in part, "...The carrier denied payment for certain medical services provided to the above captioned patient. It is our position that these services were reasonable, necessary, and related to the compensable injury..."

Review of the respondent's position statement dated 1-10-04 [sic] states in part, "...Indeed, all chiropractic treatments and evaluations should have been concluded twelve months post-surgery, which took place on July 15, 1997..." Peer review doctor indicates, "the only appropriate treatment would be a home exercise program and Celebrex and Ellexor, as well as a tricyclic for sleep restoration and chronic pain."

Code 97124 billed for date of service 1-5-04 was denied as "F, R79 – CCI; standards of medical/surgical practice." Per Rule 133.304(c), the respondent did not specify which component code 97124 was considered integral to. The MAR is $\$21.02 \times 125\% = \26.28 . The requestor is seeking \$25.69; therefore, recommend reimbursement of \$25.69.

Code 98943 billed for date of service 1-5-04 was denied as "510, M, R4 – payment determined, no MAR, non-covered procedure." Per Ingenix EncoderPro and the Trailblazer Fee Schedule, code 98943 is a noncovered service for Medicare. Therefore, per rule 134.202(b), no reimbursement recommended.

Code 99070 (biofreeze) was billed for date of service 1-5-04 and denied as "F, 146 – payment denied/invalid fee schedule code." Per Ingenix EncoderPro, code 99070 is a bundled code and not paid separately; therefore, no reimbursement recommended.

Rule 134.202 (b) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additions or

exceptions in this section. Rule 133.1(a)(3)(C) states that a complete medical bill includes correct billing codes from Commission fee guidelines in effect on the date of service.

The requestor billed code 97139-EU for date of service 3-12-04. The modifier –EU is invalid for dates of service after 8-1-03 and will not be reviewed. Therefore, no reimbursement can be recommended.

Code 98940 billed for date of service 3-12-04 had no EOB submitted by either party. The requestor submitted convincing evidence of carrier receipt of the provider request for an EOB per Rule 133.307(e) (2)(B). Per Rule 133.307(e)(3)(B), the respondent did not provide the missing EOBs. Therefore, this review will be per Rule 134.202 (b) & (c). The MAR is $\$25.08 \times 125\% = \31.35 . The requestor is seeking \$30.13; therefore, recommend reimbursement of \$30.13.

Code 99213-25 billed for date of service 3-12-04 had no EOB submitted by either party. The requestor submitted convincing evidence of carrier receipt of the provider request for an EOB per Rule 133.307(e) (2)(B). Per Rule 133.307(e)(3)(B), the respondent did not provide the missing EOBs. Therefore, this review will be per Rule 134.202 (b) & (c). The MAR is $\$49.58 \times 125\% = \61.98 . The requestor is seeking \$58.99; therefore, recommend reimbursement of \$58.99.

Code 97124 billed for date of service 3-12-04 had no EOB submitted by either party. The requestor submitted convincing evidence of carrier receipt of the provider request for an EOB per Rule 133.307(e) (2)(B). Per Rule 133.307(e)(3)(B), the respondent did not provide the missing EOBs. Therefore, this review will be per Rule 134.202 (b) & (c). The MAR is $\$21.02 \times 125\% = \26.28 . The requestor is seeking \$25.69; therefore, recommend reimbursement of \$25.69.

Code 98943 billed for date of service 3-12-04 had no EOB submitted by either party. The requestor submitted convincing evidence of carrier receipt of the provider request for an EOB per Rule 133.307(e) (2)(B). Per Rule 133.307(e)(3)(B), the respondent did not provide the missing EOBs. Therefore, this review will be per Rule 134.202 (b) & (c). Per Ingenix EncoderPro and the Trailblazer Fee Schedule, code 98943 is a noncovered service for Medicare. Therefore, per rule 134.202(b), no reimbursement recommended.

Code 99070 (biofreeze) and code 99070 (consumable TENS supply) was billed for date of service 3-12-04 had no EOB submitted by either party. The requestor submitted convincing evidence of carrier receipt of the provider request for an EOB per Rule 133.307(e) (2)(B). Per Rule 133.307(e)(3)(B), the respondent did not provide the missing EOBs. Therefore, this review will be per Rule 134.202 (b) & (c). Per Ingenix EncoderPro, code 99070 is a bundled code and not paid separately. Per Ingenix EncoderPro, TENS supply shall be coded as A4595. Therefore, no reimbursement recommended for biofreeze and TENS supply.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement of \$140.50 for CPT codes 97124, 98940, and 99213-25. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$140.50** plus all accrued interest due at the time of payment to the Requestor within 20 days of receipt of this Order.

The above Findings, Decision, and Order are hereby issued this 15th day of March 2005.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

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